

CERTIFICATE OF DEATH

738 ✓

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Cache</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE IN THIS SPACE IN ARIZONA TOWN <u>Benson</u>)		3. LENGTH OF STAY C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN <u>Benson</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Benson Hospital</u>		E. STREET ADDRESS <u>Box 5</u>		(IF RURAL, GIVE LOCATION)	
F. NAME OF DECEASED A. FIRST: <u>James</u> B. (MIDDLE) <u>Richard</u> C. (LAST) <u>Dobber</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
6. MARRIED - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		7. DATE OF BIRTH MONTH <u>8</u> DAY <u>29</u> YEAR <u>83</u>		8. AGE YEARS <u>5</u> MONTHS <u>22</u>	
9. KIND OF BUSINESS OR INDUSTRY <u>68 Peasant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
12. INFORMANT'S SIGNATURE <u>3-52</u>		13. SOCIAL SECURITY NO. <u>No.</u>		14. FATHER'S NAME <u>Richard A. Dobber</u>	
15. MOTHER'S NAME <u>Leonia B. Dobber</u>		16. BIRTHPLACE (STATE OR COUNTRY) ADDRESS <u>Arizona</u>		17. DATE OF DEATH MONTH <u>February</u> DAY <u>28</u> YEAR <u>1952</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE ENTER LINE FOR (a), (b), (c). DEATH CAUSE OF DEATH EM 18)		19. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) RELATING TO THE DEATH BUT NOT RISING TO THE ABOVE CAUSE (a); STAT- ING THE UNDERLYING CAUSE LAST. DUE TO (c)		20. AUTOPSY? <input checked="" type="checkbox"/> NO	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c)		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 31</u> TO <u>Feb 4</u> , 1952, AND THAT DEATH OCCURRED AT <u>7:50 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED <u>2-28-52</u>	
23A. SIGNATURE FICATION ONER'S AND ISTRAR <u>John J. Tucson</u>		24. BURIAL CREMATION REMOVAL TERNAL DENCE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EMBALMER'S SIGNATURE <u>John G. Tucson, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>Feb 28, 1952</u>		26. REGISTRAR'S SIGNATURE LOCAL REG. <u>John J. Tucson</u>		27. DATE SIGNED <u>2-28-52</u>	
28. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>		29. ADDRESS <u>307</u>		30. CERT. OF <u>John G. Tucson, Arizona Mortuary</u>	